



ILLINOIS WORKERS' COMPENSATION COMMISSION

100 W. Randolph St. #8-200

Chicago, IL 60601-3227

312/814-6500

WWW.IWCC.IL.GOV

PAT QUINN
GOVERNOR

AMY J. MASTERS
CHAIRMAN

April __, 2009

Name

Address 1

Address 2

City, State Zip

Case Number:

Dear :

Our records indicate you are eligible to receive or continue to receive fatality survivor benefits under the Workers' Compensation Act (the "Act"). You may also be entitled to cost-of-living payments paid by the Rate Adjustment Fund ("RAF"), in addition to the compensation you receive from your employer or its insurance company.

A recipient becomes eligible to receive RAF payments on the second July 15 after the date the final award is issued. The amount of your payment will depend upon the amount of compensation you were awarded, and the increase in the average weekly wage in Illinois since the date of your final decision. This supplemental payment will be adjusted each July if there has been an increase in the statewide average weekly wage in the previous year.

In order to receive or continue to receive the RAF payment, you must complete and return the attached affidavit along with a copy of the insurance company benefit check. Take the enclosed affidavit to a Notary Public with two pieces of identification, at least one showing your present address. Sign the form in front of the Notary and have the Notary complete the bottom portion. **Mail the notarized form along with a copy of your most recent workers' compensation benefit check (if the benefit is directly deposited, we will need a copy of the current notice of deposit) and any requested documents by July 1, 2009 to:**

Rate Adjustment Fund
Illinois Workers' Compensation Commission
100 W. Randolph, Suite 8-281
Chicago, IL 60601

Failure to complete and return the affidavit and a copy of your last workers' compensation check may result in your RAF payments being discontinued. The Act also sets forth eligibility requirements that you must meet in order to continue receiving RAF payments. Information about RAF payments can be found on the IWCC website: www.iwcc.il.gov/raf.htm.

Please direct questions to Inez Gardner (312/814-1446, inez.gardner@illinois.gov).

Sincerely,

Carol Reckamp
Chief Financial Officer

ILLINOIS WORKERS' COMPENSATION COMMISSION
AFFIDAVIT FOR RATE ADJUSTMENT FUND PAYMENTS: FATALITY CASE

Fiscal Year 2010

Name:

Case #:

I, _____, being duly sworn on oath, depose and state:
Name of payee

1. I am the person determined to be eligible for workers' compensation fatality benefits in this case for the reason(s) checked below.

____ I am the surviving spouse and/or

____ I am the legal guardian of the following children determined to be eligible for benefits:

Check appropriate category.

Name	Date of birth	Social Security #	Under 18 at death (1)	In school (2)	Disabled (3)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

or

____ I am an eligible child in the following category:

or

____ Other (explain): _____

2. I continue to be eligible to receive benefits for this case, and I have enclosed a copy of my most recent benefit check. *(If the benefit is directly deposited, we will need a copy of the current notice of deposit).* My award provides that my employer pay \$_____ monthly benefit. My benefit check amount is different from my benefit amount because (explain): _____
3. My legal address *(where I can receive notices)* and personal information are as follows:

Address _____

Telephone _____ E-Mail _____

Social Security No. _____ Birthdate _____

Marital status _____ Unchanged _____ Remarried; new name _____
(enclose a copy of your marriage license)

4. I have not entered into any lump sum or structured settlement contract involving this workers' compensation case. *(If you have signed a settlement contract for this case, please send us a copy. If you do not have a copy, please tell us your lawyer's contact information so we can obtain a copy.)*
5. I am aware that any person who willfully signs this affidavit containing false or inaccurate information shall be guilty of perjury and/or fraud, and subject to punishment as prescribed by law.

Signature of payee

*Reminder: Attach a copy of your most recent
benefit check from the employer/insurer*

Signed and sworn to before me on _____

Notary Public

- (1) A child who became eligible under the age of 18 shall receive benefits for not less than six years.
(2) A child aged 18-25 is eligible for benefits if enrolled as a full-time student at an accredited educational institution.
(3) A child who is physically or mentally incapacitated is eligible for benefits for the duration of the incapacity.